



Medical Fee Dispute Resolution Findings and Decision General Information

Requestor Name

VINCERA REHAB

Respondent Name

ACE AMERICAN INSURANCE COMPANY

MFDR Tracking Number

M4-23-2028-01

Carrier's Austin Representative

Box Number 15

DWC Date Received

April 13, 2023

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
August 9, 2022	49999	\$31,720.00	\$0.00
Total		\$31,720.00	\$0.00

Requestor's Position

"Prior to the patient having surgery, Vincera reached out to the WC adjuster to verify coverage of the claim. Per the attached email chain, from the adjuster, Deborah Fields, our office was not advised a separate authorization was needed from the bill review company for the bills to be processed. We were advised that the patient was approved for "the works" i.e., office visits, MRI, surgery, & physical therapy after surgery. There is no documentation written or verbal that a separate authorization is needed."

Amount in Dispute: \$31,720.00

Respondent's Position

"In the Requestor's 8/9/2022 E/M visit, he notes the choices between expectant observation for "about" 6 weeks versus repair that would carry 3 to 6 weeks rehabilitation. The patient chose repair. (See below) Given there were choices, the surgery was not deemed an emergency and preauthorization should have been obtained from the Texas -licensed UR agent – CorVel Corporation. Additionally, please note, to date there has been no request for reconsideration submitted for review as required by rule §133.250 quoted above."

Response Submitted by: CorVel

Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code \(TLC\) §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code [\(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §133.2](#) defines emergency.
3. [28 TAC §134.600](#) sets out the preauthorization, concurrent utilization review, and voluntary certification of health care.

Denial Reasons

The insurance carrier reduced or denied the payment for the disputed services with the following claim adjustment codes:

- 197 – Payment adjusted for absence of precert/preauth.
- 352 – Network disc not applicable to procedure billed.

Issues

1. Under what authority is the request for medical fee dispute resolution considered?
2. Is the insurance carrier's denial of payment supported?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor is a health care provider that rendered disputed services in Philadelphia, Pennsylvania to an injured employee with an existing Texas Workers' Compensation claim. The health care provider requested reconsideration from the insurance carrier and was dissatisfied with the insurance carrier's final action. The health care provider has requested medical fee dispute resolution under 28 TAC §133.307. Because the requestor has sought the administrative remedy outlined in 28 TAC §133.307 for resolution of the matter of the request for additional payment, the Division concludes that it has authority to decide the issues in this dispute pursuant to the Texas Workers' Compensation Act and applicable rules.
2. The requestor seeks reimbursement for an outpatient procedure rendered in a facility on August 9, 2022. The insurance carrier denied the disputed service due to lack of preauthorization.

The requestor states, "Per the attached email chain, from the adjuster, Deborah Fields, our office was not advised a separate authorization was needed from the bill review company for the bills to be processed. We were advised that the patient was approved for 'the works' i.e., office visits, MRI, surgery, & physical therapy after surgery. There is no documentation written or verbal that a separate authorization is needed."

28 TAC §133.2 states, "(5) Emergency--Either a medical or mental health emergency as follows:

(A) a medical emergency is the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

(i) placing the patient's health or bodily functions in serious jeopardy, or

(ii) serious dysfunction of any body organ or part..."

28 TAC §134.600 (p)(2) states in pertinent part, "Non-emergency health care requiring preauthorization includes... outpatient surgical or ambulatory surgical services as defined in subsection (a) of this section. Review of the submitted documentation does not contain documentation to meet the requirements of medical emergency. The requestor was therefore required to obtain preauthorization for the outpatient procedure rendered in a facility.

The DWC finds that insufficient documentation was found to support that pre-authorization was obtained. The insurance carrier's denial reason is supported. As a result, reimbursement is not recommended.

- 3. The DWC finds that the requestor was required to obtain preauthorization for the disputed services pursuant to 28 TAC §134.600. Due to the lack of preauthorization, the DWC is unable to order payment for the CPT code 49999. As a result, the requestor is entitled to \$0.00.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

The DWC finds the requester has established that reimbursement of \$0.00 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 20, 2023
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office managing the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).